

CITY OF TEMPE YOUTH VOLUNTEER PROGRAM APPLICATION

AME:DATE:							
ADDRESS:CITY/ZIP:							
PHONE:			_BIRTHDATE:GRADE:				
EMAIL ADDRESS:				T-SHIRT SIZE			
PARTICIPATED WITH US BEFORE?				WHERE/WHICH PROGRAM:			
SCHOOL YOU ATTEND:							
SPECIAL SKILLS OR INTERESTS:							
OTHER VOLUNTEER OR WORK EXPERIENCE:							
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is there anything that might limit your volunteer service (please be specific and nonest).							
Please list one of your teachers/program advisors as a reference:							
Phone:							
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IN CASE OF EMERGENCY, PLEASE NOTIFY THIS PERSON: Parent/Guardian Name: Daytime Phone: Alternate Contact:______Daytime Phone:_____ List any medical limitations we should be aware of (please be specific and honest)_____ MEDICAL AUTHORIZATION: I authorize the City of Tempe to obtain emergency transportation and any medical treatment necessary for my son or daughter in the event of injury or illness. I understand and agree to the above terms and agree to allow my son or daughter to participate in the City of Tempe volunteer program. Parent or Guardian Date Volunteer's Signature Date For staff use only: Assignment: Site: Supervisor:

Schedule:_____Acknowledgement:____Computer:____